

# 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT/CHANGE FORM



ICMA Retirement Corporation  
Attn.: Records Management Unit  
P.O. Box 98150  
Washington, DC 20090-8150



- Use this form to Enroll or make Changes to your 457 Plan.
- Read instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- **Return this form to your employer promptly. Your employer must provide the form to ICMA Retirement Corporation before the payroll date of your first deferral.**
- Note: It is important to review your next paystub to confirm your enrollment/change has been processed correctly.
- If making changes, complete Section 1 and then proceed to the appropriate section to make your changes. If new enrollment, all sections must be completed.

<b>1</b>	<b>Required Participant Information -</b> <small>Information in this box must be completed to avoid processing and investment delays.</small>	<div style="display: flex; justify-content: space-between;"><div>(check one) <input type="checkbox"/> <b>NEW ENROLLMENT</b></div><div><input type="checkbox"/> <b>CHANGE</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Employer Plan Number <input type="text"/></div><div>Employer Plan Name <input type="text"/></div><div>State <input type="text"/></div><div>Social Security Number <input type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Full Name of Participant</div><div>Sex <input type="checkbox"/> M <input type="checkbox"/> F</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Last <input type="text"/></div><div>First <input type="text"/></div><div>M.I. <input type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Mailing Address/Street: <input type="text"/></div><div>Date of Birth <input type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>City: <input type="text"/></div><div>State: <input type="text"/></div><div>Zip Code: <input type="text"/></div><div>Month <input type="text"/></div><div>Day <input type="text"/></div><div>Year <input type="text"/></div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Check if new address</div>																																							
<b>Personal Information</b>	<input type="checkbox"/> Check if change in this section	<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Job Title: <input type="text"/></div><div>Daytime Phone Number <input type="text"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Home Phone Number <input type="text"/></div><div>Date Employed/Rehired <input type="text"/></div><div>Area Code <input type="text"/></div><div>Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single</div><div>Rehired? <input type="checkbox"/> Check If yes</div></div>																																							
<b>2</b>	<b>Beneficiary Designation</b>	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Name</th><th>Relationship to you</th><th>Address</th><th>Social Security Number (if available)</th><th>% of benefit</th></tr></thead><tbody><tr><td colspan="5">Primary Beneficiaries:</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="5">Contingent Beneficiaries, if any:</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>				Name	Relationship to you	Address	Social Security Number (if available)	% of benefit	Primary Beneficiaries:					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Contingent Beneficiaries, if any:					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Name	Relationship to you	Address	Social Security Number (if available)	% of benefit																																					
Primary Beneficiaries:																																									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																					
Contingent Beneficiaries, if any:																																									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																					
<b>3</b>	<b>Amount of Deferral</b> <small>(My Instructions for my employer)</small>	<div style="margin-top: 10px;">I authorize my employer to defer _____ % or \$ _____ from my pay each pay period.</div> <div style="margin-top: 10px;">As an individual who has reached or will reach age 50 by December 31 of this year, I also authorize my employer to defer an additional \$ _____ from my pay each pay period. (For more details see instructions on back of form.)</div> <div style="margin-top: 10px;">Note to Employers: This separate item is provided to allow you to separately track these "age 50 catch-up contributions" for purposes of limit testing.</div> <div style="margin-top: 10px;">Deferrals will begin on <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year . My current annual salary is \$ _____ .</div> <div style="margin-top: 10px;"><b>For employer use, if applicable: The employer will contribute _____ % or \$ _____. The total deferral will be _____ % or \$ _____.</b></div>																																							
<b>4</b>	<b>Allocation of Future Contributions</b>	<div style="display: flex;"><div style="flex: 1;"><div style="margin-top: 10px;">Allocate your future contributions in percentages among the available fund choices. Allocation percentages must total 100 percent. If the allocation total does not add up to 100 percent then the remainder will be allocated to the PLUS Fund. <b>If no selection is given, your contribution will be allocated to the default fund selected by your employer.</b> Use whole percentages (e.g., 50 percent, not 33 1/3 percent). Do not use fixed dollar amounts.</div><div style="margin-top: 10px;">Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the <i>Investment Options</i> sheet.</div><div style="margin-top: 10px;">State law, local law, or your employer may place restrictions on investment in these funds.</div></div><div style="flex: 1; border: 1px solid black; padding: 5px; text-align: center; margin-left: 10px;"><b>SEE THE INVESTMENT OPTIONS SHEET FOR FUND CODES</b></div><div style="flex: 2; margin-left: 10px;"><table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="4">ALLOCATION</th></tr><tr><th>Code</th><th>Percent</th><th>Code</th><th>Percent</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="4" style="text-align: right;"><b>TOTAL = 100%</b></td></tr></tbody></table></div></div>				ALLOCATION				Code	Percent	Code	Percent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>TOTAL = 100%</b>			
ALLOCATION																																									
Code	Percent	Code	Percent																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																						
<b>TOTAL = 100%</b>																																									
<b>5</b>	<b>Employee Signature</b>	<div style="margin-top: 10px;">I acknowledge that I have read and agreed to the disclosure (see 5 &amp; 6) on the back of this form.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Participant Signature <input type="text"/></div><div>Date <input type="text"/></div></div>																																							
<b>6</b>	<b>Employer's Authorization</b>	<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Authorized Employer Official's Signature <input type="text"/></div><div>Date <input type="text"/></div><div>Employer Plan Number <input type="text"/></div></div>																																							

# 457 DEFERRED COMPENSATION PLAN EMPLOYEE ENROLLMENT/CHANGE FORM INSTRUCTIONS



This form enrolls you in the ICMA Retirement Corporation System 457 Deferred Compensation Plan and also allows you to change information once you become a member. So that we may process your enrollment and changes efficiently, please complete this form as accurately as possible. Submit the completed form to your employer for your employer's signature. Then, send the form to ICMA-RC. (If you fax the form to ICMA-RC, do so **BEFORE** the payroll date of your first deferral and do not also send the original.)

Before you complete this form, please read the accompanying literature so you understand the plan's provisions. Future changes can be made on this form. To transfer assets between funds use VantageLine (1-800-669-7400) or VantageLink ([www.icmarc.org](http://www.icmarc.org)).

**IMPORTANT NOTE:** Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they may be returned to your employer.

You will receive a confirmation of your enrollment/changes. You will also receive a quarterly financial statement. Please review these carefully. If you discover a discrepancy, contact Investor Services at 1-800-669-7400 immediately. All discrepancies must be reported within 30 days following the end of the quarter. Failure to do so may result in the inability to adjust your account.

## 1. PARTICIPANT INFORMATION

Please complete this section carefully. The information will be used to establish your account and you will receive statements at the address listed. The employer plan number is available from your employer or ICMA-RC Investor Services at 1-800-669-7400.

## 2. BENEFICIARY DESIGNATION

Your designation of beneficiary tells us who should receive the accumulated value of your account if you die before full distribution of your account. If no primary beneficiary lives longer than you, the benefits will be paid to your contingent beneficiary. For example, a married participant with children might name his/her spouse as primary beneficiary and the children as contingent beneficiaries. If none of your beneficiaries are living, the proceeds will be paid to your estate. PLEASE NOTE: If a Social Security Number is not provided and ICMA-RC cannot locate the named beneficiary, the account balance will be paid to the participant's estate.

Print beneficiaries' names and Social Security Numbers and designate their relationship to you and the percentage to be received. The IRS has certain rules governing disbursement of funds to beneficiaries. These rules are outlined in your employer's plan and in ICMA-RC's *Participant and Beneficiary Withdrawal Packets*.

## 3. AMOUNT OF DEFERRAL

*This Section is used only by your Employer. In this section, you provide your instructions for 457 deferrals to your employer. As you decide how much you wish to defer, remember that IRS regulations generally allow you to defer the lesser of (1) 50 percent of your pre-deferral taxable compensation or (2) a dollar limit in effect that year, starting with \$11,000 in 2002. This limit includes any employer contributions made on your behalf. If you participate in other deferred compensation plans regulated by Section 457 of the Internal Revenue Code, the total amount deferred under all plans may not exceed this amount. Only future compensation may be deferred and must be contributed through payroll deduction.*

You have two methods by which to defer your compensation. You can defer a percentage or specific dollar amount of your compensation. Many use the percentage method because as your salary increases, the amount you defer also increases. A specific dollar amount of your compensation means your deferral remains constant even as your salary increases.

As you near retirement, take advantage of the "pre-retirement" catch-up provision, which allows additional deferrals. Please read ICMA-RC's *457 Catch-Up Provision Packet*.

If you have reached or will reach age 50 by December 31 of this year, you may make additional contributions to your plan generally not to exceed a dollar limit in effect for that year, starting with \$1,000 in 2002.\*

These "age 50 catch-up contributions" may be made in addition to your other annual contributions. For example, if you reach age 50 or older in 2002, you can contribute as much as \$11,000 under the normal 457 contribution limit and another \$1,000 under the new age 50 catch-up limit for a total contribution of \$12,000. Note that you will not be able to take advantage of this age 50 catch-up provision in the same year that you use the pre-retirement 457 catch-up provision. (See above.) Please read ICMA-RC's *457 Catch-Up Provision Packet* for more details.

\* *Technically you are also limited to making age 50 catch-up contributions in an amount no greater than what remains of your compensation after making other contributions. However, this limitation will only apply in very rare instances. For example, this limit would apply if you participate in a 457 plan only, and your compensation before 457 contributions is less than \$2,000. In a vast majority of cases, you will be limited only by the dollar limit in effect that year. (See above.)*

## 4. ALLOCATION OF FUTURE CONTRIBUTIONS

You may place your contributions in one fund or in any combination of funds as long as you use whole percentages (e.g., 50 percent, not 33 1/3 percent) and the percentages total 100 percent. Do not use fixed dollar amounts. Please see the VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* for full descriptions of the funds.

## 5 & 6. AUTHORIZED SIGNATURES

Once you have completed this form, sign it and submit it for your employer's approval. Send the first copy to ICMA-RC. Your employer will retain the second copy.

Note that by signing this form you acknowledge that you agree to the following.

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. I understand that the Retirement Corporation has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. If allowed by my employer and in the event I choose to transfer funds by Internet or telephone, I agree that neither VantageTrust Company, the ICMA Retirement Corporation, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use telephone transfer available on VantageLine.

**Welcome to the ICMA Retirement Corporation!**

## ICMA Retirement Corporation's Privacy Policy

### Our Privacy Policy.

Protecting your privacy is important to us. In providing financial services and investment products to you, we collect certain nonpublic personal information about you. Our policy generally is to keep this information strictly confidential, and to use or disclose it as needed to provide services to you, or as permitted or required by law or by you. Our privacy policy applies equally to our former customers and investors, as well as individuals who simply inquire about the services or investments we offer. We may change this privacy policy in the future upon notification to you.

### Information We Collect.

The nonpublic personal information we have about you includes information you give us when you open an account, invest in The Vantagepoint Funds, or write or call us, such as your name, address, social security number, employment, investment objectives and experience, financial circumstances, and investment transactions and holdings.

### Information We Disclose.

We disclose nonpublic personal information about you to our affiliates, and to outside firms that help us provide services to you, for use only for that purpose. We may also disclose nonpublic personal information to nonaffiliated third party financial institutions with which we have established relationships, such as financial institutions that offer our affinity credit card

program, or to other institutions with which we may establish relationships in the future in order to offer select financial products of interest to our customers. You have the right to stop us from disclosing nonpublic personal information about you to these parties, except as permitted or required by law. To do so, call us toll free at 1-800-827-2710.

If you do not notify us that you wish to block disclosure of this nonpublic personal information, we will allow information to be sent to you from all third party financial institutions with which we have established relationships. Currently, ICMA Retirement Corporation has an established relationship with First USA Bank for its affinity credit card program. Before any additional third party relationships are added, they must be approved by the Board of Directors of the ICMA Retirement Corporation. Once approved, ICMA Retirement Corporation will notify you of any additional third party relationships in future publications of this privacy policy.

### How We Safeguard Your Information.

We restrict access to nonpublic personal information about you to those persons who need to know it or who are permitted or required by law or by you to receive it. We maintain physical, electronic and procedural safeguards to protect the confidentiality of your information.